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SEC 1972 (6-02) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss the federal exemption. Conversely, failure to file the appropriate fe notice will not result in a loss of an available state exemption unless. exemption is predicated on the filing of a federal notice.



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response...1-

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

| SEC USE | ONLY |
|----------|-------------|
| Prefix | Serial |
| DATE REC | EIVED-CCCED |

| | FINANCE | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|
| Name of Offering (check if this is an amendment and name has changed, and indicate change.) Convertible Notes | | | | | | | | | | | |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 506 Section Section Rule 505 X Rule 506 Amendment | ction 4(6) ULOE | | | | | | | | | | |
| A. BASIC IDENTIFICATION DATA | | | | | | | | | | | |
| Enter the information requested about the issuer | | | | | | | | | | | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate chapter chapters. (check if this is an amendment and name has changed, and indicate chapters.) | ange.) | | | | | | | | | | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 3598 Cadillac Avenue, Costa Mesa, CA 92626 | Telephone Number (714) 918-8700 | | | | | | | | | | |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (including Area Code) | | | | | | | | | | |
| Brief Description of Business | | | | | | | | | | | |

Security equipment installation, maintenance services and related services

| Type of Business Organ ▼ corporation business trust | lim | ited partnership, already lited partnership, to be fo | | | other (please | specify) |
|---|-----|--|--------------------------|--------------------------|--------------------------|-----------|
| Actual or Estimated Date | • | • | Month 111 er U.S. Postal | Year 0 2 Service abbrevi | ☒ Actual ation for State | Estimated |
| CN for Canada; FN for o | | | . 0.0.1 00.01 | D E | | • |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under <u>Regulation D</u> or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below, or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 1. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;
 and
 - Each general and managing partner of partnership issuers.

| | | , | | | | | | | | |
|---|---|---------------------|--|--------------------------------|------|------------|--------|---------------------------------------|--|--|
| Check Box(es) that Apply: Promoter | X | Beneficial Owner | | executive Officer | X | Director | | General and/or Managing Partner | | |
| Full Name (Last name, first, if individual) | | | Klem | me, Robert | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 3598 Cadillac Avenue Costa Mesa, CA 92626 | | | | | | | | | | |
| Check Box(es) that Apply: Promoter | X | Beneficial Owner | | Executive | | Director | | General and/or Managing Partner | | |
| Full Name (Last name, first, if individual) | | | Edgewater Private Equity Fund IV, L.P. | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | North Michiga ago, IL 60611 | | venue, Sui | te 180 | 60 | | |
| Check Box(es) that Apply: Promoter | X | Beneficial Owner | | executive Officer | | Director | | General and/or Managing Partner | | |
| Full Name (Last name, first, if individual) | | | Forre | ester, Thomas | s M. | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 3598 Cadillac Avenue Costa Mesa, CA 92626 | | | | | | | | | | |
| | | | | | | | | | | |

| | B. INFORMATION ABOUT OFFERING | | | | | | | | | | | | |
|------|--|------------|--------------|------------|------------|-----------|-------------|---------------------------------------|----------|------------|------|-----------------|-----------------|
| | | | | | B. INI | FORMA | TION AE | BOUT O | FFERIN | G | | | |
| | Has the is offering? | suer sol | d or doe | s the iss | uer inter | nd to sel | l, to non- | -accredit | ed inves | itors in t | his | Yes | No X |
| | | | Answe | er also ir | Append | dix, Colu | mn 2, if | filing und | der ULO | E. | | | |
| 2. | What is th | e minim | um inves | stment th | nat will b | e accep | ted from | any indi | vidual? | | | \$ <u>1,000</u> | |
| 3. | Does the | offering (| permit jo | int owne | ership of | a single | unit? | | | | | Yes X | N o □ |
| | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | | |
| Full | Name (La | ist name | first, if in | ndividua | 1) | | | | | | | 13.33.3 | |
| Bus | iness or R | esidence | e Addres | ss (Numi | per and | Street, C | city, state | e, Zip Co | de) | | | | |
| Nan | ne of Asso | ciated B | roker or | Dealer | • | | _ | | - | | | | |
| | es in Whice | | | | | | | | | | | | All States |
| AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | |
| IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | |
| МТ | [NE] | [NV] | [HM] | [NJ] | [MM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | |
| Fuli | Name (La | st name | first, if ir | ndividua | 1) | | | | | | | 1876 | <u> </u> |
| Bus | iness or R | esidence | e Addres | s (Numl | per and s | Street, C | ity, state | e, Zip Co | de) | | | | |
| Nan | ne of Asso | ciated B | roker or | Dealer | | | | · · · · · · · · · · · · · · · · · · · | <u></u> | | | | |
| Stat | es in Whic | h Perso | n Listed | Has Sol | icited or | Intends | to Solici | t Purcha | sers | | | | |
| (Che | eck "All St | ates" or | check in | dividual | States). | | | | | | | | All States |
| AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | |
| IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | |
| МТ | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | |
| RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | |
| | | | | | | | | | | | | | |

| Busin | ess or R | esidence | e Addres | ss (Num | ber and | Street, C | City, state | e, Zip Co | ode) | | | | |
|-----------------|---|------------------------------------|---|-----------------------------------|--|-----------------------------------|-----------------------------------|--------------------------------|--------------------------|-----------------|--------------------|--------------|--------------------------------------|
| Name | of Asso | ciated B | roker or | Dealer | | - | | | | | | | |
| | | | | | licited or | | | | | | | П | All States |
| • | | | | [CA] | States). | | [DE] | | | | | _ | All States |
| [AL] [IL] | [AK] [IN] | [AZ] [IA] | [AR] [KS] | [KY] | [CO] [LA] | [CT] [ME] | [MD] | [DC] [MA] | [FL] [MI] | [GA] [MN] | [HI] [MS] | [ID] | |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [MO] [PA] | |
| [RI] | [SC] | [SD] | [TN] | [XT] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | |
| | | (Use | e blank | sheet, c | or copy a | ınd use | additio | nal copi | es of th | is sheet | , as nec | essary) | |
| | | C. OFF | ERING | PRICE, | NUMBE | R OF IN | VESTO | RS, EXP | ENSES | AND U | SE OF P | ROCEE | DS |
| th tr: Co | e total a ansactio olumns b ready ex | mount a n is an e | Iready so xchange amoun d. | old. Ent e offering | of securi er "0" if a g, check securitie | answer is this box | s "none" and | or "zero indicate | ." If the in the | Agg | regate ng Price | | Amount Already Sold |
| | | | - | | | | | | | \$ <u>2,500</u> | _ | | \$571,500 |
| | | | • | | | | | | | \$ <u>2,500</u> | <u> </u> | | φ <u>371,300</u> \$ |
| | Lquity | | • | | | | | | | Ψ | | | Ψ |
| | Conve | ertible Se | ecurities | (includir | ng warra | | | _ | | \$ | | | \$ |
| | | | | - | | | | | | \$ | 22 | | \$ |
| | | • | | | | | | | | \$ | | | \$ |
| | | | | | | | | | | \$ | | | \$ |
| | | | | | pendix, (| | | | | - | | | |
| pi th pi | urchased eir purch ersons w | d securiti nases. F rho have | es in thi or offeri purchas | s offering ngs und sed secu | d non-ac g and the er <u>Rule (</u> ırities an Enter "0' | e aggreg 504, indi d the ag | gate dolla cate the gregate | ar amou number dollar ar | nts of of mount of | : | | | |
| | | | | | | | | | | Numb Invest | | | Aggregate Dollar Amount of Purchases |
| Accre | dited Inv | estors | | | | | | | | 4 | <u></u> | | \$ <u>571,500</u> |
| | | | | | | | | | | | | | \$ |
| | | | | | Rule 50 | | | | | | | | \$ |
| | | Aı | nswer al | so in Ap | pendix, (| Column | 4, if filing | g under l | JLOE. | | | | |

Full Name (Last name first, if individual)

| 3. | If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. | | | | |
|----|--|--------|--|------------|-----------------------|
| | T | ype o | f | | Dollar Amount |
| | | ecurit | | | Sold |
| | Dula 505 | Coarn | • | | \$ |
| | Regulation A | | | | \$ |
| | Rule 504 | | | | \$ |
| | Total | | | | \$ |
| | - | | | | T |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | | |
| | Transfer Agent's Fee | | | | \$ |
| | Printing and Engraving Costs | | | | \$ |
| | Legal Fees | | | X | \$ <u>5,000</u> |
| | Accounting Fees | | | | \$ |
| | Engineering Fees | | ••••• | | \$ |
| | Sales Commissions (Specify finder's fees separately) | | | | \$ |
| * | Other Expenses (identify) | | | | \$ |
| | Total | | | | \$ |
| | b. Enter the difference between the aggregate offering price given in response | to | | | \$ <u>2,495,000</u> |
| | Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer.". | | | | |
| 5. | Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. above. | | | | |
| | | | Paymen Officer Directors Affiliat | rs, s & | Payments To Others |
| | Salaries and fees | П | \$ | | \$ |
| | Purchase of real estate | Ō | \$ | | \$ |
| | Purchase, rental or leasing and installation of machinery and equipment | | \$ | _ [| \$ |
| | Construction or leasing of plant buildings and facilities | | \$ | | \$ |
| | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of | | | | |
| | another issuer pursuant to a merger | | \$ | _ [| \$ |
| | Repayment of indebtedness | | \$ | _ 🛚 | \$ |
| | Working capital | | \$ | _ 🗶 | \$ <u>2,495,000</u> |
| | | | | | |

| Other (specify) | | \$ | | | \$ | |
|--|--|-------------|-------------|----------------|---------------|-------------|
| | | | \$ | | | \$ |
| Column Totals | | | \$ | | | \$ |
| Total Payments Listed (column to | tals added) | | X | \$ <u>2,49</u> |)5,0 <u>0</u> | 00 |
| - | D. FEDERAL SIGNATURE | | | | | |
| mmission, upon written request of its structure to paragraph (b) (2) of Rule 502. uer (Print or Type) | Signature | uer to a | any no | on-accr | | ed investor |
| exicor, Inc. | Signature | | | | | ry 23, 2004 |
| me of Signer (Print or Type) | Title of Signer (Print or Type) |) | | | | |
| bert Klemme | Chairman/Secretary/Chief I | Execu | tive O | fficer | | |
| | ATTENTION | | | | | |
| Intentional misstatement | ts or omissions of fact constitute fed | oral or | imina | l viola | | |

(See 198 U.S.C. 1001).

| E. STATE SIGNATURE | | | |
|--|-----|------|--|
| Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | X No | |
| See Appendix, Column 5, for state response. | | | |

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature | Date |
|--------------------------------|-----------------------------|-------------------|
| Plexicor, Inc. | 1/0- | February 23, 2004 |
| Name of Signer (Print or Type) | Title (Print or Type) | |
| Robert Klemme | Chairman/Secretary/Chief Ex | xecutive Officer |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually singed copy or bear typed or printed signatures.

APPENDIX

| 1 | | 2 | 3 | | 4 | | <u>.</u> | 5 | | |
|----------|-------------------|---|--|-----------------------------------|---------------------------|--|--|-----|----------|--|
| | accredite in : | sell to non- d investors State 3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of inve | estor and amo (Part C- | d in State | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1) | | | |
| State | Yes | No | | No. of Accredited Investors | Amount | No. of Non- Accredited Investors | Amount | Yes | No | |
| AL | | | | | | | | | | |
| AK | | <u> </u> | | | | | | | <u>-</u> | |
| AZ AR | <u> </u> | | | | | + | | | | |
| CA | | | Convertible | | 6274 000 | | | | | |
| | | X | Notes \$2,500,000 | 3 | \$371,000 | | | | X | |
| co | | | | - | | | | | | |
| CT | | | | | | | | | | |
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| OK | | Х | Convertible Notes \$2,500,000 | 1 | \$200,000 | | | | x | |
| OR | | | | | | | | | | |

| 1 | | 2 | 3 | | 4 | | | 5 | | |
|----------|-----------------|---|--|-----------------------------------|---------------------------|---|--|-----|----|--|
| | accredite in | sell to non- d investors State 3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of inve | stor and amo (Part C-l | d in State | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1) | | | |
| State PA | Yes | No | | No. of Accredited Investors | Amount | No. of Non- Accredited Investors | Amount | Yes | No | |
| RI | | | | | | | | | | |
| SC | | | | | | | | | | |
| SD | | | | | | | | | | |
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